



***REVISED*CONFIRMATION SERVICE AGREEMENT FOR TEMPORARY HEALTHCARE PROFESSIONAL COVERAGE**

This Confirmation is hereby issued pursuant to the Service Agreement for Temporary Healthcare Professional Coverage ("Agreement") entered into on 12/20/2022 by and between Mid-Ohio Educational Service Center ("Client") and CompHealth Medical Staffing ("CompHealth"). The date of issue for this Confirmation is **08/15/2025**. This Confirmation confirms the Assignment herein described under the terms and conditions herein described. In the event this Confirmation conflicts with the terms and conditions of the Agreement, this Confirmation shall control, but only with respect to the Assignment it describes. Capitalized terms used herein shall have the definitions assigned to them in the Agreement.

ASSIGNMENT DATES, PROVIDER NAME, SPECIALTY AND LOCATION

This Assignment is for the time period from 10/08/2025 to 12/19/2025. The specialty of the Provider requested is: Speech Language Pathology. The name of the Provider Client has accepted for this Assignment is: Kylee Grieser ("Provider"). Client has requested provider coverage at Client's facility located below:

Worksite(s)

Mid-Ohio Educational Service Center
890 W 4th St
Ontario, OH 44906-2565

FEES, RECRUITMENT FEE

The Fees for the Assignment shall be as follows:

FEE SCHEDULE:

Rate	Rate Type	Description	OT/Callback	OT/Callback Description
\$100.00	Hours	Per Hour	\$150.00	Per Overtime hour applies after 40 Hours Per Week; Must be preapproved

If applicable, Client will be billed for mileage between worksites visited on the same day at the current IRS rate. In the event during the Assignment, the IRS standard rate for mileage reimbursement should change, your mileage rate may vary to reflect the new IRS standard rate.

For your convenience, you will receive a weekly email to electronically approve time for all Providers working through your facility. An approved or signed timesheet will be considered approval by Client to pay hours noted on the timesheet, including any applicable overtime. Should you choose to have our Provider work overtime or on a facility recognized holiday, the time will be billed at 1 1/2 times the regular rate (if overtime rate is not already noted in the executed contract).

The Recruitment Fee shall be: 20% First Year Annual Salary

DEVIATIONS TO THE AGREEMENT

This confirmation applies to the worksite identified herein and any other worksite as directed by Client.

Setting: support in-person services at Northmor Local School District (.4) and Bucyrus City School District (.2)

Dress Code: Business casual

If at any time our Provider is reassigned to a clinical area that does not match his/her clinical capabilities, you must inform CompHealth immediately.

Work Schedule: M-F, 37.5 GTD, based on the school calendar
FMLA leave

Calendar:

<https://educounty.net/northmor-local-schools-calendar-25-26-revised-pdf/>

From	To	Shift Time	Shift Type
10/08/2025	12/19/2025	08:00 AM to 03:30 PM	

When time off is required to offset weekend rotation, it must be taken within that same 40 hour workweek.

Client payroll week is: Sunday through Saturday

Assignment Supervisor: Jennifer Crum

First Day: *Provider will produce evidence of identity upon arrival to each assignment. Provider will present government-issued photo identification such as a driver's license, state identification card, or passport. CompHealth Requires an orientation for each Health Care Professional we place in your practice. This will provide our provider with an understanding of policies, procedure, and protocols, as well as introduction of pertinent staff, the layout of your facility, and an overview of patients under treatment.*

Scheduled Time Off: 10/16 & 10/17

CompHealth and Client have mutually agreed upon the time off as outlined above. Any additional time off that is granted by the client will continue to be billed and invoiced based on the hourly guarantee as outlined in our Service Agreement.

Client understands and agrees that: (i) CompHealth's professional liability insurance coverage specifically does not cover Client or Provider provided telemedicine equipment or software and covers only medical negligence; (ii) applicable training in the use of telemedicine equipment and software is provided by Client and at Client's cost; and (iii) informed consent from patients for the provision of telemedicine services will be obtained by Client.

If at any time prior to or during the coverage period you need to contact any member of the CompHealth staff after normal working hours, you can do so by calling (800) 634-9582. It is our pleasure to be available to you 24 hours per day, 7 days per week.

By: _____

Kevin Kimmel, Superintendent

Date: 09/23/2025



**STATE TEACHERS
RETIREMENT SYSTEM
OF OHIO**

275 East Broad Street
Columbus, OH 43215-3771
888-535-4050
www.strsoh.org/employer

September 9, 2025

Brenda Miller
Treasurer/CFO
Mid-Ohio ESC
890 West 4th St.
Mansfield, OH 44906

Re: CompHealth Medical Staffing

Dear Ms. Miller:

The August 18, 2025, submission of the Determination of STRS Ohio Membership for Contracted Services form, including the agreement between CompHealth Medical Staffing and Mid-Ohio ESC ("Agreement"), has been carefully reviewed by STRS Ohio.

Based on the facts presented in the form and supporting documentation, STRS Ohio has determined that individuals who provide services to Mid-Ohio ESC under the Agreement do not meet the definition of teacher under section 3307.01(B) of the Ohio Revised Code and are not required to contribute to STRS Ohio.

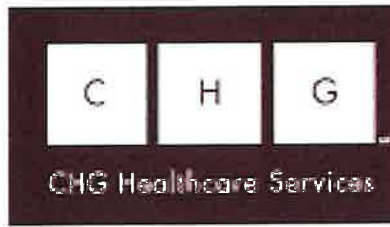
Please note, however, that this determination is based on the facts known to STRS Ohio at this time and current law. STRS Ohio's determination is limited to questions arising under Chapter 3307 of the Ohio Revised Code and is subject to change in the event applicable law changes. Furthermore, STRS Ohio's determination is not based on and does not purport to interpret other factual situations, laws, or rules.

Sincerely,

A handwritten signature in black ink, appearing to read "Kevin DeVries", is positioned above the printed name.

Kevin DeVries

Director, Employer Reporting



Worker's Compensation Policy

Employees of CHG Companies Inc., or one of our subsidiaries, are entitled to certain benefits under the corporate Worker's Compensation Policy. Our policy requires our employees to report any injuries sustained by CHG contracted healthcare practitioners within **24 hours of the injury event**.

All incidents must be documented. Contracted health care practitioners must report the incident regardless of whether or not medical attention was received, even if the practitioner thinks it will "get better in a few days" or if he or she has not lost time from work.

If you are aware of an injury sustained at the workplace by one of our employees, please assist us by calling the CHG Benefits Department.

(800) 811-1796